

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34228

8478

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. STATE <u>Missouri.</u> c. CITY OR TOWN <u>St. Louis,</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>				c. LENGTH OF STAY (In this place) <u>25 Days</u>		e. STREET ADDRESS (If rural, give location) <u>2070 2923 Cass.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Chronic Hospital</u>				3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) _____ c. (Last) <u>Thomas</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>September 6--1957</u>				5. SEX <u>Male</u> 6. COLOR OR RACE <u>Col.</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>				8. DATE OF BIRTH <u>April 1876</u>			
9. AGE (In years last birthday) <u>81</u>				10. IF UNDER 1 YEAR Months _____ Days _____			
11. IF UNDER 24 HRS. Hours _____ Min. _____				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Junkman</u>				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (City and State or Foreign Country) <u>California</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Unknown</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			
14. NAME OF HUSBAND OR WIFE <u>Unknown</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>			
16. SOCIAL SECURITY NO. <u>Unknown</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u> ADDRESS <u>5800 Arsenal St.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of Prostate - metastasized to bone.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>177X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u>				19a. DATE OF OPERATION _____			
19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>August 12, 1957</u> , to <u>September 6, 1957</u> , that I last saw the deceased alive on <u>September 6, 1957</u> and that death occurred at <u>9:40 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John W. Beckham, M.D.</u>				23b. ADDRESS <u>5800 Arsenal</u>			
23c. DATE SIGNED <u>9/7/57</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>			
24b. DATE <u>9-11-57</u>				24c. NAME OF CEMETERY OR CREMATORY <u>City Crematory</u>			
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank O'Donnell</u> ADDRESS <u>5800 Arsenal St.</u>			
DATE REC'D BY LOCAL REG. <u>SEP 10 1957</u>				REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>			
(Licensed Embalmer's Statement on Reverse Side)							

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

17-00000

10-00000

10-00000

10-00000

10-00000

10-00000

10-00000

10-00000

10-00000

10-00000

10-00000

10-00000

10-00000

10-00000

10-00000

10-00000

10-00000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

NOT EMBALMED

CREMATED BY CITY.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

10-00000

10-00000

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.